HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS (LONG FORM)

NAME (Last, First, Middle)

Finnegan, Gaudencia Lynn Berbano

STATE POSITION HELD: (Dept/Div or Board/Commission)

Legislature/House of Reps

TERM OF OFFICE (Begin/End): 11/7/02 11/6/04

FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERESTS OF FILER, SPOUSE, AND DEPENDENT CHILDREN. USE THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and filer.

ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR

List the source (the term "source" also includes any state or other government agencies) and amount of all income of \$1,000 or more

F,SP,DC,JT	NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES RENDERED
F	State of Hawaii 415 S. Beretania St. Honolulu, Hi 96813	D	Legislator
SP	Honolulu Fire Dept./City&County 3375 Koapaka St. #4425 96819	E	Fire Fighter/Captain
SP	Seattle Mortgage 7220 Avenida Encinas #203 Carlsbad, Ca 92009	E	Reverse Mort.
F	primary Residential Mortgage	C	Senior Louis Specialist

[]Check here if entry Is None

[]Check here if additional sheets are attached

ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List the amount and identity of every ownership or beneficial interest held during the disclosure period in any business incorporated, regulated, or licensed to carry on business in the State if the interest has a value of \$5,000 or more or is equal to 10% or more of the

SP, C,JT	BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO OF SHARES
;	Non County of the Man			

[/] Check here if entry is None

[]Check here if additional sheets are attached

ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List any o	wnership or ben	eficial interest	s in businesses transferred du	uring the disclosure period and	d the date of transfer.
F,SP, DC,JT				ED DURING THIS DISCLOSE	
	None				
					İ
		.•			
[J]Che	ck here If entry i	is None		[]Check here	If additional sheets are attache
ITEM 4: CREDITORS					

List the name and address of each creditor to whom the value of \$3,000 or more was owed during the disclosure period and the original amount and amount outstanding (excluding debts arising out of retail transactions or the purchase of consumer goods).

F.SP, DC,JT	NAME OF CREDITOR AND ADDRESS		ORIGINAL AMOUNT OWED	AMOUNT OUTSTANDING
30	Bank of America		\$104,500	#Ø
$\mathcal{J}\mathcal{T}$	Citi Mortgage		\$270,000	\$ 270,000
JT	Albert Aking Sr.		#80,000	\$70,000
JT	Albert Akiona Sr. Demello, Joseph		±80,000	= 71,000
[]Check here if entry is None []Check here if additional sheets are attached				

ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS

List every officership, directorship, trusteeship, or other fiduciary relationship held during the disclosure period in any business or

Nme			
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1	ere if entry is None	ere if entry is None	ere if entry is None []Check here if additional

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ITEM 6: INTERESTS IN REAL PROPERTY HELD IN THE STATE

F,SP, DC,JT	STREET ADDRESS	TAX MAP KEY NUMBER	VALUE
	99-195 Ohekani Lo	1-9-9-63;37	#350,000
	99-195 Ohekani Lp. Aica, Hr 96701 2421 Tusitala Avc. #1202	1-2-624-59 Hp	1,,
TT	2421 Tusitala Avc. #1202	1-2-624-59 Hp	r # 39 \$110,000
	Honolulu, Hi		
[]Chec	k here if entry is None		dditional sheets are attached
ist intere	ITEM 7: INTERESTS IN RE sts in real property in the State, acquired during the disclo	EAL PROPERTY ACQUIRED osure period, if the interest has a va	liue of \$10,000 or more.
F,SP, DC,JT	TAX MAP KEY NUMBER & STREET ADDRESS	AMOUNT & NATURE OF CONSIDERATION PAID	NAME OF PERSON RECEIVING THE CONSIDERATION
	None		
•,			
[/]Chec	ck here if entry is None	·	additional sheets are attached
let intere	ITEM 8: INTERESTS IN REA state, transferred during the dis	L PROPERTY TRANSFERRED	value of \$10.000 or more.
F,SP, DC,JT	TAX MAP KEY NUMBER & STREET ADDRESS	AMOUNT & NATURE OF CONSIDERATION RECEIVED	NAME OF PERSON FURNISHING THE CONSIDERATION
SP	98-798 Wikab St. 5202 Mililani, th 96789 1-9-8-2-23-232	Sale of property	Thomas Anthony Perruso Amy Anastasia Perruso
r 10ha	eck here if entry is None	[]Check here if	additional sheets are attache

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ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES

NAM	ME OF CLIENT	N/	AME OF STATE AGENCY		
			. '		
[/]Check he	re if entry is None		[]Check	here if additional sheets	are attached
ist the amount alue of \$5,000	ITEM 10: CREDITOR INTE and identity of every creditor interest in insolve or more.	R E : ent	STS IN INSOLVENT BUS	INECCEC	
F,SP,DC,JT	NAME AND ADDRESS OF BUSINESS		NATURE OF BUSINESS	NATURE OF	VALUE

F,SP,DC,JT	NAME AND ADDRESS OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE
		•		

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and bellef. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and bellef. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.

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REVERSE MORTGAGE

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